



5738

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Clifton A. Alferness, John M. Adams, and John Melmoth Power
Serial No.: 09/855,945
Filing Date: May 14, 2001
Title: MITRAL VALVE THERAPY DEVICE, SYSTEM AND METHOD
Examiner/Unit: Hieu Phan / 3738
Attorney Docket No.: 1931-2

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CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class mail in an envelope addressed to: Commissioner for Patents, Box NON-FEE AMENDMENT, Washington, D.C. 20231, on this 9th day of: October, 2002

Kelly Redner
Signature

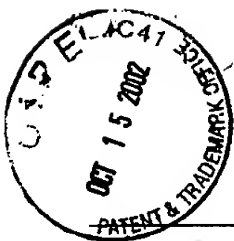
TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

___ The fee has been calculated as shown below:

X No additional claim fee is required.



Computation of Fee
For Claims as Amended

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	Claims Remaining After Amendment		Highest Number Previously Paid for		Present Extra	Rate	Addl. Fee
Total Claims	57	Minus	57	=	0 x	\$18/\$9 =	\$-0-
Independent Claims	10	Minus	10	=	0 x	\$84/\$42 =	\$-0-
Total additional fee for this amendment							\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

_____ Check No. _____ in the amount of \$_____ for the additional claim
fee is enclosed.

_____ Charge \$_____ to Deposit Account No. _____. A copy of this
sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit
Account No. 07-1897.

Respectfully submitted,

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